

**Oral Testimony of Peter Beilenson, M.D., M.P.H.
Baltimore City Health Commissioner**

**Before the House Government Reform Subcommittee on
Criminal Justice, Drug Policy, and Human Resources
U.S. House of Representatives**

**"Harm Reduction or Harm Maintenance: Is There Such a Thing As Safe Drug Abuse?"
Wednesday, February 16, 2005**

Good afternoon, Chairman Souder, Ranking Member Cummings, Congressman Ruppertsberger and other members of the Subcommittee. I have held the position of Baltimore City's Commissioner of Health for 13 years, and 10 years ago began the City's first needle exchange program. I want to thank the Subcommittee for inviting me to appear today to discuss the importance of harm reduction programs, specifically needle exchange programs.

Needle exchange programs (NEPs) have a long history dating back to the early 1980s in Scotland when they were created to address the epidemic of hepatitis B and C among injection drug users (IDUs). The advent of the HIV/AIDS pandemic has led to a proliferation of needle exchange programs in over 40 countries. NEPs are considered a fundamental component of any comprehensive and effective effort to prevent HIV infection among drug users and the broader community. The basic function of an NEP is to exchange used needles for clean ones, thus taking syringes potentially contaminated with HIV and Hepatitis C off the streets, increasing the availability of clean, sterile needles, and decreasing the likelihood of needles being shared. Additionally, NEPs are often embedded in larger comprehensive community based organizations that aid injection drug users to get into drug treatment and to access other critically needed services.

The focus of the Baltimore Needle Exchange Program is to reduce the spread of HIV/AIDS among injecting drug users and link persons addicted to drugs with substance abuse treatment. Since its inception in August 1994, the NEP has enrolled 15,000 clients, exchanged over 3 million needles, placed over 2,300 people into drug treatment, and 2,800 have been people have been newly tested for HIV. Additionally, the NEP has expanded over the last ten years from a one van operation with two sites to two, 26-foot mobile health vehicles with twelve sites, including the first pharmacy-based needle exchange site in the country. We offer evening hours and operate six days a week. We exchange needles on a one-for-one basis and offer cookers, bandages, and free condoms. Additionally, and equally important to the exchange of needles, our program promotes behavior change and risk reduction, encourages clients to be tested regularly for HIV, syphilis, and hepatitis C, and refers clients to primary care, and substance abuse treatment.

There is clear evidence on the importance of needle exchange programs. Independent, peer-reviewed research has shown that Baltimore City's NEP is effective in reducing HIV infection and as a link to substance abuse treatment.

Increasing the availability of sterile needles and other injecting equipment reduces HIV infection substantially. A Johns Hopkins University (JHU) study that took place over an 8 year period, indicated a 35% reduction in HIV incidence among active IDU's after the NEP opened in Baltimore. Additionally, in Baltimore 41.0% of HIV cases in 2003 were attributed to injection drug use, down from 60.4% in 1994, the year the NEP started.

Needle Exchange programs have other benefits apart from reducing HIV infection among injection drug users. To date, the program has enrolled over 2,300 persons into drug treatment programs and has high treatment retention rates. A JHU evaluation study found that NEP attendance was independently associated

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with entry into drug treatment, and once enrolled, the majority of NEP clients successfully complete treatment programs.

Needle Exchange programs are cost effective and cost-saving. The cost of needle exchange programs is much less expense than the cost of paying to care for persons infected with HIV. Taking care of just one adult with HIV/AIDS costs a minimum of \$100,000 over the course of the person's lifetime. In Baltimore, our entire NEP budget is about \$800,000 (the majority of which is dedicated to drug treatment slots) - if we prevent just 8 adult HIV/AIDS cases we save taxpayer dollars (and we have shown that we have prevented at least a hundred times that).

This and other clear evidence has resulted in the following organizations supporting NEPs:

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| Centers for Disease Control and Prevention | National Institutes of Health |
| American Medical Association | National Academy of Sciences |
| American Public Health Association | World Health Organization |
| National Institute of Health Census Panel | American Bar Association |
| U.S. Conference of Mayors | American Nurses Association |
| American Pharmaceutical Association | |

Needle exchange programs have been criticized as contributing to the addiction of injection drug users and sending conflicting messages to children about the acceptability of using drugs. However, many studies have refuted these criticisms. One of the most often-cited studies used to substantiate the deleterious effects of harm reduction is the "Vancouver Injection Drug User Study" by Strathdee et al. The study is often misrepresented as proof that NEPs are associated with HIV infection rather than HIV prevention. The study found that IDUs who visited the NEP frequently had high HIV rates compared to those who visited the exchange less frequently. The researchers concluded that the reason for the high HIV infection was because the NEP was reaching the riskiest set of injectors. By reaching this population, the NEP was succeeding in reducing the circulation of contaminated syringes in the community. Another study by Gibson et al. found that attending a NEP was associated with substantially reduced injecting or cessation of injecting compared to IDUs who had never attended a NEP. A Johns Hopkins University study sought to determine whether introduction of a needle exchange program would be associated with increased crime rates, and no significant differences in arrest trends including drug possession emerged. And finally another Johns Hopkins University study, which surveyed high school students in Baltimore, showed that the influence of NEPs on promoting illicit drug use among adolescents was neutral compared to other factors known to be influential to this population group such as seeing their peers or parents use drugs. And students cited the NEP as the one factor that had the least influence on them choosing to use drugs.

In conclusion, the importance of harm reduction programs, such as needle exchange programs, cannot be overstated. Even a recently released report by the World Health Organization suggested that authorities responsible for areas threatened by or experiencing an epidemic of HIV infection among IDUs should adopt needle exchange programs. Research is consistent in finding that needle exchange programs reduce HIV infection, facilitate entry into drug treatment and other social services, and do not increase the amount of discarded syringes in the community nor do they recruit new injectors.

Thank you for your time. I am happy to answer any questions you may have.